# CAADPE

## CALIFORNIA ASSOCIATION OF ALCOHOL AND DRUG PROGRAM EXECUTIVES, INC.



January 30, 2012

**Att:** **Steve Larsen**
Deputy Administrator and Director
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue S.W., Room 445-G

Washington, DC 20201

**RE:** **Essential Health Benefits**

The California Association of Alcohol and Drug Program Executive, Inc (CAADPE) is submitting comments on the Essential Health Benefits.

Contact the CAADPE office at if you have any concerns or questions regarding CAADPE's comment paper.

Respectfully,

Al Senella
President


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# CALIFORNIA ASSOCIATION OF ALCOHOL AND DRUG PROGRAM EXECUTIVES (CAADPE)

CAADPE, the California Association of Alcohol and Drug Program Executives, Inc. (CAADPE) is a statewide association of community-based nonprofit substance use treatment agencies. Its members provide substance use disorder (SUD) treatment services at over 300 sites throughout the state and constitute the infrastructure of the state's publicly funded substance use disorder treatment network. It is the only statewide association representing all modalities of substance use disorder treatment services.

Untreated substance use disorders radically increase health care costs. Substance use disorder treatment provided at the assessed level of need and duration determined by health care providers will decrease health care costs. In California, treating substance use disorders reduces all other health and social services costs such as emergency room visits, jails and prisons, hospital days, and foster care, anywhere between $4 and $7 for every dollar spent on substance use treatment. And, Kaiser Permanente of Northern California, in a recently completed study found that treating the individual with substance use and treating the individual's family members for both substance use disorder as well as primary health care *reduced the overall health care cost for everyone.*

Any benchmark plan adopted by a state *must* include mental health and substance use disorder services in compliance with Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requirements. Current coverage models are based on historical efforts to control the treatment expense of substance use and mental health disorders, with little or no concern as to how the under-treated efforts impact other medical and social costs. **Current plans largely have not met the MHPAEA parity requirements.** Current small business plans tend to overlook other costs that are associated with providing limited or no substance use and mental health treatment services. For example, employers may not cover substance use disorder treatment or limit the Substance Use Disorder/Mental Health benefit in their company insurance plan. While a limited or no benefit saves a company/business money on health care premiums, the costs show up in the business' bottom line. While employers limit SUD benefits to save on the health insurance premium, their cost are doubled as the business pays for the employee's sick days and incurs the cost of lost productivity. Now that the Affordable Care Act has identified mental health and substance use disorder benefits as one of the 10 categories required to be included in the essential health benefits, CAADPE strongly urges HHS to ensure that states are following these guidelines.

Because treatment for substance use and mental health disorders have been historically underrepresented in health insurance packages, CAADPE feels that there need to be well established guidelines as to what constitutes substance use and mental health disorder treatment. To this end, CAADPE recommends that comprehensive coverage of mental health and substance use disorder services include the following:

**Assessment**, including a comprehensive medical and bio-psychosocial assessment of related mental health and substance use issues, ongoing mental health and substance use disorder assessments, specialized evaluations including psychological and neurological testing, and diagnostic assessments of MH/SUD in general medical settings, including education and counseling for mild MH/SUD;

**Patient placement criteria**, evidence-based patient placement criteria and guidelines can help to effectively place individuals into the optimal level of MH/SUD care for the amount of time that is deemed medically necessary;

**Outpatient treatment**, including individual, group, and family therapies; devices and technology interventions for mental health and addictive disorders; general and specialized outpatient medical services; consultation to caregivers and other involved collateral contacts, such

as school teachers, in accordance with confidentiality requirements; evidence-based complementary medicine services, comparable to complementary medicine services covered for other health conditions; and monitoring services, comparable to those provided to determine compliance with the treatment regimens for other health conditions;

**Intensive outpatient services**, including substance use intensive outpatient treatment, mental health intensive outpatient treatment, partial hospitalization, dual-diagnosis partial hospitalization and intensive outpatient services for persons with co-occurring MH and SUD conditions, and intensive case management for MH/SUD;

**Residential and inpatient services**, including crisis stabilization; detoxification in clinically-managed non-hospital residential treatment facilities for SUD care and hospital settings, including the use of medication-assisted withdrawal management services; mental health residential for adults and youth; substance use disorder residential, including the use of medication-assisted treatment, for adults and youth; dual-diagnosis services for adults and youth with co-occurring MH and SUD conditions; clinically managed 24-hour care; clinically managed medium intensity care; inpatient psychiatric hospital; inpatient mental health and substance use disorder care; and inpatient hospital dual-diagnosis care for youth and adults with co-occurring MH and SUD conditions.

**Pharmacotherapy and medication-assisted treatment (MAT)**,
Medication Assisted Treatment (MAT) should be as automatic in availability and use for substance use disorders as medications are for any other chronic disease. The MAT services should include medication management and monitoring; medication administration; pharmacotherapy (including medication-assisted treatment); home-based, mobile device or internet-based medication adherence services; assessment for medication side effects; and appropriate wellness regimens for consumers who are experiencing metabolic effects as a result of their medication.

**Emergency services**, including crisis services in both MH/SUD and medical settings, including 24 hour crisis stabilization and mobile crisis services, including those provided by peers; 24/7 crisis warm and hotline services; and hospital-based detoxification services;

**Laboratory services**, including drug testing;

**Maternal and newborn services**, including pre-natal and perinatal screening and brief interventions for maternal depression and substance use disorders and referral to treatment; health education; targeted case management; and maternal, infant, and early childhood home visiting programs;

**Pediatric services**, including screening for substance use, suicide, and mental health conditions using rapid identification tools; early intervention services; service planning; caretaker coaching on children's social/emotional development and support; therapeutic mentoring; skill building; intensive home-based treatment; and targeted case management;

**Rehabilitative services**, including psychiatric rehabilitation services; behavioral management; comprehensive case management in physical health or MH/SUD settings which should include individualized service planning with periodic review to address changing needs, treatment matching, navigation between all needed services, communication between all service providers, enrollment in Medicaid/insurance, and support to maintain continued eligibility; Assertive Community Treatment (ACT) Teams; peer-provided telephonic and internet based recovery support services, including those delivered by recovery community centers; recovery supports, including those delivered by peer run mental health organizations; and skills development including supported employment services;

**Recovery supports**, including peer-provided recovery support services for addiction and mental health conditions; recovery and wellness coaching; recovery community support center

services; support services for self-directed care; and Community Support Programs and other continuing care for mental health and substance use disorders;

**Habilitative Services**, including personal care services; respite care services for caregivers; transportation to health services; and education and counseling on the use of interactive communication technology devices;

**Preventive and wellness services and chronic disease management**, including screening (including screening for depression, alcohol, drugs, and tobacco), brief interventions (including motivational interviewing) and facilitated referrals to treatment; general health screenings, tests and immunizations; appropriate MH/SUD related educational programs for consumers, families and caretakers, including programs related to tobacco cessation, the impact of alcohol and drug problems, depression and anxiety symptoms and management, and stress management and reduction, and referral for counseling or support as needed; caretaker education and support services, including non-clinical peer-based services, that engage, educate and offer support to individuals, their family members, and caregivers to gain access to needed services and navigate the system; health coaching, including peer specialist services, provided in person or through telehealth, e-mail, telephonic, or other appropriate communication methods; health promotion, including substance use prevention and services that impact well-being and health-related quality of life; wellness programming for youth, including student assistance programming; services for children, including therapeutic foster care interventions aimed at facilitating compliance with treatment and improving management of physical health conditions; care coordination (including linkages to other systems, recovery check-ups, linkages to peer specialists, recovery coaches, or support services based on self-directed care); and relapse prevention, including non-clinical peer-based services, to prevent future symptoms of and promote recovery strategies for mental and substance use disorders.